

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Robert E. Imhof

Docket No.

UEL-36

Application No.
10/535,048Filing Date
05/05/2006Examiner
FRANK, RODNEY T.Customer No.
75253Group Art Unit
2856

Invention: METHOD AND EQUIPMENT FOR MEASURING VAPOUR FLUX FROM SURFACES

NOV 06 2009

PATENT & TRADEMARK OFFICE

I hereby certify that the following correspondence:

ISSUE FEE TRANSMITTAL

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

11/06/2009

(Date)

Gerow D. Brill

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

ER 719745243 US

("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing.

ER 719745243 US

Mailing Label
Label 11-B September 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)		Day of Delivery	Flat Rate Envelope
PO ZIP CODE		<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date In		Postage	
Mo. Day Year		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$
Time In	Military	Return Receipt Fee	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee \$	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	

FROM: (PLEASE PRINT) PHONE ()

GEROW D. BRILL
20 OAKMONT CIRCLE
NEW FREEDOM, PA 17349

FOR PICKUP OR TRACKING CALL 1-800-222-1811
www.usps.com 
 PRESS HARD. You are making 3 copies.

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. WAIVER OF SIGNATURE (Domestic Only)
Additional merchandise insurance is void if waiver of signature is requested.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	<input type="checkbox"/> Customer Signature
TO: (PLEASE PRINT) PHONE ()	
<p>MS ISSY42 FEL COMMISSIONER FOR Patents PO Box 1450 ALEXANDRIA, VA</p> <p>2 2 3 1 3 + 1 4 5 0</p>	

02/08

RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In regards to Application Number 10/538,048, Docket Number UEL-036-PCT

Part B Issue Fee transmittal PTO-85 (1 Sheet)
 Certificate of Mailing by "Express Mail" (1 Sheet)
 Credit Card Payment Form (1 Sheet)

ER719745243US

November 6, 2009